

P24000049943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

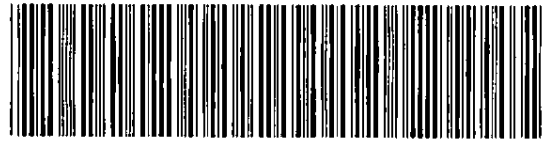
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EMR TAX SERVICES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ELZA Reis
Name (Printed or typed)

4410 SHADOW CREST PL
Address

ORLANDO, FL, 32811
City, State & Zip

321-655-4509
Daytime Telephone number

elzamdigital@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: EMR TAX SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4410 SHADOW CREST PL
ORLANDO FL 32811

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELZA REIS Name and Title: AMBR

Address: 4410 SHADOW CREST Address:

PL ORLANDO FL 32811

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

2021 JUN 25 11:31 AM
CLERK OF SUPERIOR COURT
FLORIDA
TALLAHASSEE

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ELZA REIS
Address: 4410 SHADOW CREST PL
ORLANDO FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELZA REIS
Address: 4410 SHADOW CREST PL
ORLANDO FL 32811

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: TODAY (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155(1), FS.

Required Signature/Incorporator

07/31/2024
Date

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2024 JUL 25 PM 3:10
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA